

<b>VITAL TIMES QUARTERLY NEWSLETTER</b> <b>Virginia Department of Health, Division of Health Statistics</b> <b>August-October 2008</b>
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<b>Is Your Hospital One of Virginia's Best Reporting Hospitals for 2007?</b>
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In December 2007, hospitals received a letter reminding them of the importance of collecting and reporting education data on all birth and fetal death certificates, and many of the hospitals stepped up their efforts in recording this information as required under Virginia Code.

Health Statistics wants to recognize the **2007 Superstar Certificate Award Winners** for their outstanding effort in collecting and reporting education for 2007. Of the nearly 90 reporting hospitals/facilities, eight hospitals/facilities recorded education on 100% of their fetal death certificates. These award winning hospital/facilities were recently mailed their framed certificate recognizing them for being Superstar Award Winners for 2007:

Lewis-Gale Medical Center	1 <sup>st</sup> Medical Group LAFB
Carilion Bedford Memorial Hospital	DeWitt Army Hospital
Memorial Hospital of Martinsville	Sentara Virginia Beach Hospital
Twin County Regional Medical Center	Riverside Tappahannock Hospital

**Four other hospitals/facilities also reported education on a high percentage of their fetal death certificates and they earned Honorable Mention. These hospitals/facilities were:**

Rockingham Memorial Hospital	99%	Halifax Regional Medical Center	95%
Bon-Secours, St. Mary's Hospital	93%	CJW, Johnston-Willis Campus	92%

**CONGRATULATIONS TO THESE AWARD WINNING HOSPITALS**

<b>All Information is Critical on Fetal Death Certificates</b>
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In addition to the education field several other fields on the fetal death certificates were identified because they had a very high rate of missing responses. Those fields were:

City or Town of Residence	Line 7	Street Address	Line 8
Is Patient Married to Father	Line 13	Education	Line 14
Date Last Normal Menses	Line 25	Physician's Estimate of Gestation	Line 26
Pregnancy History	Line 27	Cause of Fetal Death	Line 34

Please review these fields with your hospital staff to ensure they are filled in. The data received are used by Federal, State and Local government, as well as by private industry. It is important that what is collected is complete and accurate.

<b>Lowest &amp; Highest Fetal Death Rates for 2006 Revealed</b>
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Data contained in the Virginia Health Statistics Annual Reports for 2006 indicate where the State's highest and lowest rates of fetal deaths occurred. In 2006, the natural fetal death rate for the State was 0.91 per 1,000 total population, this was a 3.5% decrease in the rate of fetal deaths in 2005. The fetal death rate in 2006 for whites was 0.88, blacks 0.97 and all other races 0.96 per 1,000 total population. There were 6,918 resident fetal deaths reported in Virginia for 2006. The rates listed below are based on the number of fetal deaths per 1,000 female 15-44. The areas that had the lowest fetal death rates were:

**Cities/Counties with the Lowest Rate of Fetal Deaths per 1,000 Females 15-44**

James City County	District 21	0.32	Lancaster County	District 17	0.57
Alleghany County	District 5	0.34	Rockbridge County	District 6	0.77
Scott County	District 1	0.47	City of Bristol	District 3	0.85
Middlesex County	District 18	0.54	Carroll County	District 3	0.89

**Cities/Counties with the Highest Rate of Fetal Deaths per 1,000 Females 15-44**

Falls Church City	District 8	26.45	City of Emporia	District 19	11.83
Galax City	District 3	18.63	City of Martinsville	District 12	11.46
City of Manassas	District 8	15.95	Northampton County	District 22	10.89
City of Petersburg	District 19	12.20	City of Franklin	District 20	10.69

**Lowest Rate of Fetal Deaths by Planning District, per 1,000 Females 15-44**

District 21	0.97	District 16	2.59
District 17	1.95	District 13	2.70
District 18	2.09	District 4	2.93

**Highest Rate of Fetal Deaths by Planning District, per 1,000 Females 15-44**

District 22	8.25	District 15	5.45
District 19	6.73	District 8	5.12
District 5	5.50	District 11	4.66

**Resident Fetal Deaths by Age for 2006**

Total	Age 10-14	Age 15-17	Age 18-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45 +	Age Unknown
6,918	16	142	338	1,256	1,556	1,552	1,319	593	61	85

**Resident Fetal Deaths by Health Service Areas for 2006**

Total	Northwest VA	Northern VA	Southwest VA	Central VA	Eastern VA
6,918	892	2,275	1,044	1,464	1,243

**Resident Fetal Deaths by Health Maintenance Organization Regions for 2006**

Total	Southwest Virginia	Roanoke Area	Blue Ridge Area	Northern Virginia	Central Virginia	Hampton Roads
6,918	232	846	650	2,434	1,533	1,223

**Five Leading Causes of Fetal Deaths in Virginia for 2006**

Rank	Cause of Death
# 1	Fetus Affected By Maternal Complications of Pregnancy
# 2	Fetal Death of Unspecified Cause
# 3	Short Gestation and Low Birth Weight Not Elsewhere Classified
# 4	Fetus Affected by Complications of Placenta, Cord and Membranes
# 5	Congenital Malformations, Deformations and Abnormalities

**DEFINITION OF A FETAL DEATH IN VIRGINIA:**

The Law in Virginia, Chapter 7, Section §32.1-249 defines a fetal death as: “Death prior to the complete expulsion or extraction from its mother of a product of human conception, regardless of the duration of the pregnancy; death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.”

**ALL FETAL DEATHS MUST BE REPORTED ON THE VITAL STATISTICS MONTHLY FETAL DEATH REPORT, VIRGINIA FORM VS-34, (revised in March 2007). A SPONTANEOUS FETAL DEATH CERTIFICATE MUST BE FILED WITH THE VIRGINIA DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS. If you need Form VS-34 or fetal death certificates please contact, Huston Kitts at (804) 662-6280. He can also be reached by fax at (804) 662-7261 or email at [Huston.Kitts@vdh.virginia.gov](mailto:Huston.Kitts@vdh.virginia.gov).**

On birth, fetal death and death certificates, *race* has become a field which is often incorrectly reported or left blank. To assist you in converting responses to the basic race groups, use the Race Tables that are listed below:

### Other Asian or Pacific Islander

Ameriasian	Asian Indian	Asiatic	Bangladeshi	Burmese
Cambodian	Ceylonese	Chamorro	Chuukese	Dutch East Indian
East Indian	East Indies	Eurasian	Fijian	Gilbertese
Guam (ian) (ese)	Hindu	India	Indo-Aryan	Indonesian
Java	Korean	Loatian (Asian)		Malayan
Maori	Marshallese	Melanesian	Micronesian	Nepalese
Pakistani	Palauan	Polynesian	Ponapean	Punjabi
Rotanese	Saipanese	Samoa (n)	Siamese	Sikh
Singhalese	Tahitian	Tamil-Ceylonese		Tamil-Malayan
Thai	Tibetan	Tongan	Trukese	Ubontilian
Vietnam (ese)	Yapanes			

### Black

African	Jamaican	Octaroon
Bilalian	Kenyan	Quadroon
Cape Verde	Liberian	Santo-Domingo
Dominican	Malawian	Seychelloise
Eritrean	Mugandan	Sudanese
Ethiopia(n)	Mulatto	Tanzanian
Ghanaian	Nassau	Trinidadian
Haitian	Nigerian	Ugandan
Hamitic	Nubian	West Indies, (Indian)

### Native American

Aleut
Athapaskan
Eskimoan
French Indian
Indian (North, Central, South American)
Mexican Indian
Native American
Red
Selawik
Taimskin
Ute

### Chinese

Chinese  
Sino Burman  
Taiwanese

### Japanese

Japanese  
Nipponese, (Nipon)  
Okinawan  
Ryukyuan

### Hawaiian

Hawaiian, (Includes  
part Hawaiian)

### Filipino

Filipino

## Race Continued

### Other Entries

Alocona	Bahamian	Begri	Belizian	Biracial
Bohemian	British Honduran	Carib	Chamosso	Colestran
Cosmopolitan	Guatemalan	Guyanese	Honduran	Jackson (Jack) White
Mal	Malada	Mestizo	Mestizo-Inca	Mixed
Moor	Mosotho	Multi-Racial	N/W	Nicaraguan
Panamanian	Phoenician	Salvadorian	Siamsh Am	Soanish
Trigueno	Ulithian			

### White

Afghanistan	Algerian	American	Amish	Anglo-Saxon
Arabian	Argentinian	Armenian	Aryan	Assyrian
Australian	Austrian	Azores	Basque	Bavarian
Blanc	Bolivian	Brava (Bravo)	Brazilian	Cajun
Canadian	Chicano	Colombian	Costa Rican	Creole
Crucian	Cuban	Czechoslovakian		Ebian
Ecuadorian	Egyptian	English	English-French	English-Irish
European	Finnish	French	French-Canadian	Georgian
German	Greek	Gypsy	Hebrew	Hispanic
Hungarian	Icelandic	Iran (ian)	Iraqi	Irish
Islamic	Israelite	Italian	Jew	Jordanian
Kuwaitian	Ladina (Ladino)	Latin American		Latvian
Lebanese	Libyan	Lithuanian	Maltese	Marshenese
Mauritian	Mediterranean	Mexican	Mohammedan (Moslem)	
Moroccan	Muslim	Nordic	Norwegian	Occidental
Parsi	Persian	Peruvian	Polish	Portuguese
Puerto Rican	Romanian	Russian	Saudi Arabia (n)	Saxon (y)
Scandinavian	Scotch	Semitic	Serbian	Servian
Sicilian	Slovakian	South American		Spanish
Sunni	Swedish	Syrian	Teutonic	Tunisian
Turk	Ukranian	Venezuela (n)	Welsh	
Wiam (White American)		Yemenite	Yugoslavian	Zoroastrian

## **COPIES, COPIES, COPIES**

In making field visits to hospitals, we have found that a lot of the hospitals were not maintaining a copy of the fetal death certificates they were sending to their local health departments. Virginia Law, section code §32.1-264 states that the facility shall maintain a copy of the fetal death certificate for a period of one year.

**BEST PRACTICES:** A number of hospitals have been sending Health Statistics a copy of each fetal death certificate, (FDC) with their monthly fetal death report. When a hospital mails the FDC to their local health department who in turn mails the certificate to the Division of Vital Records, occasionally the certificates get lost in the mail. Vital Records must then contact the hospital and request a copy of the original certificate, if the hospital did not keep their required copy, then the hospital has to fill out another fetal death certificate, get it signed and resend it to the Division of Vital Records. Whereas if the required copy had been kept, the hospital would only need to make a copy and fax or mail it to the Division of Vital Records. Maintaining a copy will save hospitals a lot of time and effort in the event that a FDC is lost or misfiled.

<b>DIVISION OF HEALTH STATISTICS MISSION AND HEALTH STATISTICS STAFF</b>
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## **MISSION STATEMENT**

To assure access to timely, comprehensive population-based health data to support community needs assessments, evidence-based policy and program decisions, and evaluations of health outcomes and services. This mission is accomplished through the collection, analysis and dissemination of population-based health data. Our mission to provide appropriate access is balanced with the need to protect the privacy of individuals. Data is collected via vital records, through the use of surveys, and by partnerships with other public and private entities such as the U.S. Census Bureau. Customers for our information include the general public, other legislative and executive branch agencies (both state and federal), local communities and researchers. The Division of Health Statistics works as a partner with the National Center for Health Statistics and with its counterparts in other states.

<b>THE HEALTH STATISTICS STAFF</b>
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<b>Look for the next issue of Vital Times in November 2008. Send in your questions and suggestions for articles to Huston Kitts before October 10, 2008.</b>
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